

# PARENTAL AUTHORIZATION/RELEASE OF INFORMATION FORM

NORTHERN ILLINOIS UNIVERSITY HUSKIE SPORT CAMPS - THIS FORM IS REQUIRED TO PARTICIPATE IN THE CAMP

Sport Camp/Date \_\_\_\_\_

## CONSENT TO TREATMENT / LIMITATION AND WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the Northern Illinois Sport Camps, I/we as parents of

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

do hereby agree to limit the liability of the Northern Illinois University Sport Camps, Northern Illinois University, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Northern Illinois University Sport Camps. I/we further agree to waive all liability, except for loss caused by gross negligence, of the Northern Illinois University Sport Camps, the Board of Trustees of Northern Illinois University, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Northern Illinois University Sport Camps, which is not covered by said medical insurance policy. Further, I/we hereby grant permission to the staff and physicians of Northern Illinois University, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment. This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions. I authorize Kishwaukee Community Hospital, Physicians Immediate Care, and the DeKalb Clinic to release medical information regarding the above named participant to interested parties including parents and family physician.

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**CAMPER'S HEALTH HISTORY – REQUIRED** All information must be completed in order to participate in the camp.

*To be completed by camper's parent or legal guardian*

### Circle Yes/No/None or Enter Information

YES/NO Asthma      YES/NO Heart Disease      YES/NO Rheumatic Fever      YES/NO Bleeding Disorders

YES/NO Diabetes      YES/NO Convulsions/Seizures      YES/NO Head Injury/Concussions

Allergies To Drugs / NONE \_\_\_\_\_ Allergies To Foods / NONE \_\_\_\_\_

Current Medications / NONE \_\_\_\_\_ Physical Restrictions / NONE \_\_\_\_\_

Chronic/Recurring Illnesses / NONE \_\_\_\_\_ Operations/Injuries (including dates) \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Telephone \_\_\_\_\_

*A doctor's release must be attached if camper is recovering from a recent surgery, illness, injury, skin condition or if he/she will be participating with a cast or splint. NOTE: Camp includes physical activity. Participants are encouraged to be properly conditioned.*

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## INSURANCE INFORMATION

No Insurance

-OR-

Insured Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone Number \_\_\_\_\_

I attest that all of the above listed information, from all sections, is agreeable and correct to the best of my knowledge.

\_\_\_\_\_  
Parent or Legal Guardian's Name (Printed)

\_\_\_\_\_  
Signature

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Mail to: NIU Huskie Sport Camps, 219 Convocation Center, DeKalb, IL 60115 or fax to 815-753-7700**